

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445098	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  08/29/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, KNOXVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on August 29, 2011 at 2:15 p.m. confirmed unsealed penetrations in the boiler room ceiling and wall above the new hot water heater.	K 029	1. The unsealed penetrations in the boiler room ceiling and wall above the hot water heater were sealed on 9/2/11.  2. The Maintenance dept. will visually inspect for other unsealed penetrations in the boiler room and if found will correct the area affected.  3. Maintenance will perform annual inspections of the boiler room to check for unsealed penetrations.  4. The visual inspection and annual inspection will ensure that all corrective actions were effective.	9/15/2011 10-15-2011 (5) 9-9-11	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: NFPA 25, 5.2.1.1.1 and 5.2.1.1.2 Any sprinkler	K 062	1. The sprinkler head in the walk-in cooler will be replaced prior to completion date.  2. The center only has 1 walk-in cooler. Once this is corrected, there will be no need to identify the same issue in another location.  3. Maintenance dept. will visually inspect the sprinkler head in the walk-in cooler for future corrosion.  4. Periodic visual inspections of the sprinkler head should ensure this will not reoccur.	9/15/2011 10-15-2011 (5) 9-9-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jeff Tal* *Administrator* 9-9-2011

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 shall be replaced that has signs of leakage; is painted, corroded, damaged, or loaded; or in the improper orientation. Based on observation and interview, the facility failed to assure sprinkler heads were free of corrosion. The findings include: Observation and interview with the Maintenance Director, on August 29, 2011 at 2:50 p.m. confirmed the sprinkler head in the walk-in cooler was corroded.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers complied with the requirements of NFPA 10. The findings include: Observation and interview with the Maintenance Director, on August 29, 2011 at 2:25 p.m. confirmed the CO2 fire extinguisher located in the boiler room failed to have a 5-year hydrostatic test (NFPA 10-5.2) and annual conductivity test. The last hydrostatic test was performed in January 2005.	K 064	1. The fire extinguisher was replaced with a new unit on 9/2/11.  2. Maintenance will visually inspect the other fire extinguisher for proper testing.  3. Maintenance will work with the fire extinguisher contractor during the annual inspections to ensure compliance.  4. The maintenance dept. will ensure compliance by accompanying the fire extinguisher on annual inspections.		9/15/2011 10-15-2011 SS 9-2-11
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144			

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: 3B3221      Facility ID: TN4710      If continuation sheet Page 3 of 3

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